

POLITICAL ACTION COMMITTEE OR LEGISLATIVE CAUCUS COMMITTEE STATEMENT OF ORGANIZATION

State Form 28251 (R&/11-05)
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

		FILE NUMBER
1. IS THIS AN AMENDMENT? ☑ No ☐ Yes If Yes, please enter t	the file number in this	box →
SECTION A. COMMITTEE INFORMATION: Fill in all applic	able boxes as fully a	and accurately as possible.
Check if this is a new name 3. Acronym or Abbreviated Name		Acronym or Abbreviated Name (If any)
Citizens for Wishard		CYW
		E-mail Address (Optional)
6. City State ZIP Code 7. FAX (Optional)	in	9. Comisher de organization Date
7. FAX (Upuonal)	8. Telephone	9. Committee Organization Date
	(317)	
		ucus Committee" under IC 3-5-2-27.3? 🔲 Yes 💆 No
12. State the purpose of the committee and on which issues the committee expension of the committee expension of the	Nov 3 2009	Wishard Referendum
13. Name and address of any connected, affiliated, sponsoring organization, corporation, 14. is the group, or individual.	nie committee supporting a politi	cal party's entire ticket? Yes No
N/A Check □ Ot	party affiliation if applicable: her	Democratic 🗌 Libertarian 🔲 Republican
15. If supporting or opposing a public question, state both the subject of the que	stion AND the committee p	osition.
To advocate in favor of Wish	ard buildin	q a new hospitalsys
6. Chairperson's Name Check if this is a new chairperson	17. E-mail Addre	· · ·
8. Malling Address	STACI	TLEADL
413/ N. MERDIAN ST. INDY 462	19. Telephone (D	ey) 20. Telephone (Evening)
1. Treasurer's Name	22. E-mail Addre	ss (Optional)
Patty Acbustreit		
3. Mailing Address	24. Telephone (D	
		2-7306 (317)357-2800
D !	27. E-mail Addres	ss (Optional)
Tatty Hebeustre: T B. Malling Address □ Check if this is a new address		
338 N Bolton Indis 44219	29. Telephone (Da	.,
	(317)82	2-7304 (317) 357-2800
. Bank or Other Depositories (List all banks or other depositories in which the committee	a deposits funds, holds accoun	ts, rents safety deposit boxes or maintains funds.)
ECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)		
. I, as Chairperson of the foregoing committee Person Appointed Treasurer	S	Ignature of the Committee Chairperson
point the following person as Treasurer of the	BFRF-17	Partial of
ECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)		MASII PURESIALA
. I give notice that I accept the duties and responsibilities of Treasurer of th	is Committee.	FOR OFFICE USE ONLY
m not the chairperson of any other campaign finance committee.		
ATTY HEBENSTREIT Catty Lebens	$ \begin{array}{c c} L & Date & (MM-DD-Y) \\ 7/28/09 \end{array} $	
CTION D. CERTIFICATION OF STATEMENT		Egeseth of white
rrify that i am the duly appointed Chairperson of the Committee and have a the best of my knowledge and belief it is true, correct and complete.	examined this statement.	Deven n would
Typed or Printed Name of Chairperson Signature of Chairperson	Date (MM-DD-Y	JUL 3 1 2009
HRSDAHEZ STEKNOD Christonly	the has	88/c
ming: Any information contained in this statement may not be project for sale or used for any comm	nercial purpose. (IC 3-9-4-5) State	FILED
uives that any change in this information must be reported within 10 days of the change. <i>(IC 3-9-1-10)</i> A person who fails to file a complete or accurate report.	person who knowingly files a fraud	irlent i
nce Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-94-	55 required by the illustrate Camp 16, IC 3-9-4-17, and IC 3-9-4-18)	lary i